

Case Number:	CM14-0122350		
Date Assigned:	09/16/2014	Date of Injury:	06/22/2011
Decision Date:	10/22/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Board Certification and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69 year old female who was injured on June 22, 2011 to her entire left side injuring the left shoulder, left wrist and left elbow. The mechanism of injury is getting caught in a bundled up rope on the floor and fell. The diagnoses listed as rotator cuff syndrome of shoulder and allied disorders (726.1). The most recent progress note dated 7/30/14, reveals complaints of continued aggravation of pain in the left shoulder radiating down into the left arm and radiating up into the side of the neck, and continued extreme aggravated pain in the right knee, weakness of the knee having and giving out on her at times when walking. Pain is rated a 10 on a scale of 0 to 10 on visual analog scale (VAS) was noted. Pain varies depending on whatever activity she is doing, however with the assistance of the cream she gets a chance to relax, but once the effect of the medication wears off the pain will go right back up was documented. The injured worker reports ambulation with a cane on and off. Physical examination reveals antalgic gait, heel and toe ambulation is somewhat painful on the right side, tenderness on the right buttock area and paravertebrals, range of motion ability to flex eight inches from the ground on, straight leg raise from the supine position is negative at 90 degrees bilaterally, decreases sensation L5 to S2 distribution motor strength, decreased left extremity strength, gait pattern is normal full weight bearing on the lower extremity, knee shows no true suprapatellar swelling, no surgical or traumatic scars or burns are visible, knee motion is unrestricted from full extension to 150 degrees of flexion with no crepitus in the patellofemoral joint, patella tracks normally, tenderness on the medial joint line, cruciate function of the knee is intact with a negative Lachman maneuver, gross stability of the knee is satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing, circumference measurements are equal bilaterally at the quadriceps and at the knee joint measured at the joint line; cervical spine posture is noted to be well preserved with no splinting, stiffness noted on the

left side of cervical paravertebrals, left rotation and left tilt is somewhat restricted, range of motion is restricted in flexion and extension; left shoulder well preserved, tenderness at the AC joint, range of motion is somewhat restricted in all plan of motion, left elbow tenderness on bilateral medial as well as lateral epicondyle, full and painless range of motion with 0 o 150 degrees of flexion, full extension and full pronation and supination, no tenderness over the radial head during range of motion, flexion and extension cause no pain referred to the elbow. Prior treatment includes medications, physical therapy, and home exercise program. A prior utilization review determination dated 7/17/14 resulted in denial of Xanax 0.5 milligrams (quantity unknown), K Rub II cream 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Xanax 0.5 mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: Per guidelines, Alprazolam is not recommended for long-term use Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. According to the guidelines, Benzodiazepines are not recommended. These medications are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Alprazolam is appropriate and medically necessary for this injured worker, thus the request is not medically necessary.

K-Rub-II cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: According to the California MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. However, there is little to no research to support the use of many of these agents. In this case, there is no documentation of the ingredients in the requested cream. Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is therefore, not medically necessary per guidelines.